Your Benefit Summary

Basic Plan Out-of-Area Dependent

What You Pay	Calendar Year Out-of-Pocket Maximum	Lifetime Maximum Benefit
20% / 50% coinsurance	$3,000 per person $9,000 per family (3 or more)	$2,000,000

Important information about your plan

This summary provides only highlights of your benefits. To view all your plan details, including your Member Handbook, register for myProvidence at www.providence.org/php/getstarted.

- Not sure what a word or phrase means? See the back for the definitions used in this summary.
- A pre-existing condition clause applies to this plan. See the back for more information.
- Some services must be prior authorized by us or a penalty will apply. See your Member Handbook for a list of these services.
- Benefits for services are based on Usual, Customary & Reasonable charges (UCR).
- Some services and penalties do not apply to out-of-pocket maximums.
- Limitations and exclusions apply to your benefits. See your Member Handbook for details.

Basic Plan OOA Plan Benefit Highlights	You pay the following for covered services:
	Copay or Coinsurance
Preventive Health Services (from a personal physician/provider only)	
• Periodic health exams; well-baby care	20%
• Vision & hearing screening, including necessary vision exams, for children under 18 (Children 2-6 years are limited to one exam every 12 months; children 7-17 are limited to one exam every 24 months)	20%
Physician / Provider Services	
• Office visits	50%
• Routine immunizations; shots	20%
• Maternity services; pre- and postnatal visits	50% / delivery
• Allergy shots; serums; injectable medications	50%
• Inpatient hospital visits	50%
• Surgery; anesthesia	50%
Women's Health Services	
• Gynecological exams (calendar year); Pap tests	20%
• Mammograms	20%
Hospital Services	
• Inpatient care	50%
• Observation care	50%
• Maternity care	50%
• Routine newborn nursery care	50%
• Rehabilitative care (30 days per calendar year)	50%
• Skilled nursing facility (60 days per calendar year)	50%
Outpatient Diagnostic Services	
• X-ray; lab services	50%
• Imaging services (such as PET, CT, MRI)	50%
Medical and Diabetes Supplies, Durable Medical Equipment, Appliances, Prosthetic Devices (Removable custom shoe orthotics are limited to $200 per calendar year)	50%
Emergency / Urgent Care / Emergency Medical Transportation (Your emergency/urgent copay is waived if admitted to the hospital within 24 hours)	
• Emergency services (for emergency medical conditions only)	50%
• Urgent care services (for non-life threatening illness/minor injury)	50%
• Emergency medical transportation	50%

Basic Plan OOA Plan Benefit Highlights (continued)	Copay or Coinsurance
Other Covered Services	
• Outpatient rehabilitative services (30 visits per calendar year)	50%
• Outpatient surgery; dialysis; infusion, chemotherapy; radiation therapy	50%
• Temporomandibular joint (TMJ) service (limited to $1,000 per calendar year / $5,000 per lifetime)	50%
• Home health care	50%
• Hospice care	50%
• Tobacco use cessation; counseling/classes and deterrent medications (limited to $500 per lifetime)	20%
• Dental care; children ages 3-12 (exam/cleaning/fluoride once per year; bitewing x-rays once in 18 months; sealants as appropriate)	20%; 20% for sealants
• Self-administered chemotherapy (Up to a 30-day supply from a designated participating pharmacy)	
-Generic drugs	$10
-Formulary brand-name drugs	$50
-Non-formulary brand-name drugs	$100
Mental Health / Chemical Dependency (To initiate services, you must call 1-800-711-4577. All inpatient, residential and day or partial hospitalization treatment services must be prior authorized.)	
• Inpatient and day treatment services	50%
• Residential services (limited to 60 days per calendar year)	50%
• Outpatient provider visits	50%

Your guide to the words or phrases used to explain your benefits

Coinsurance
The percentage of the cost that you may need to pay for a covered service.

Copay
The fixed dollar amount you pay to a health care provider for a covered service at the time care is provided.

Formulary
A list of preferred brand-name and generic drugs that have been evaluated by us for effectiveness and safety.

Lifetime maximum benefit
The total dollar amount of benefits that you can receive from your plan during your lifetime.

Non-participating provider
Any health care professional who does not participate in Providence Health Plan's network of participating physicians and providers of health care services.

Out-of-pocket maximum
The limit on the dollar amount you will have to spend for specified covered health services in a calendar year. Some services and expenses do not apply to the out-of-pocket maximum. See your Member Handbook for details.

Participating provider
A physician or provider of health care services who belongs to the Providence Health Plan participating provider network. To find a participating provider, refer to the directory available at www.providence.org/php/providerdirectory.

Pre-existing condition exclusion
Pre-existing condition means any medical condition for which medical advice, diagnosis, care or treatment was recommended or received within six months prior to your enrollment date. Coverage for pre-existing conditions is excluded for a period of six months following your enrollment date. This exclusion period can be reduced by qualifying Creditable Coverage. See your Member Handbook for details.

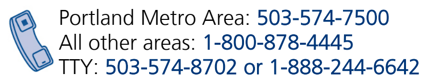
Prior authorization
Some services must be pre-approved. You are responsible for obtaining prior authorization or a 50% penalty (up to $2,500 per occurrence) will apply.

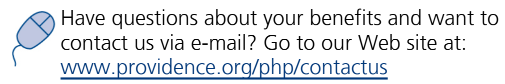
Self-administered chemotherapy
Oral, topical or self-injectable medications that are used to stop or slow the growth of cancerous cells.

Usual, Customary & Reasonable (UCR)
Describes predefined charges established by your plan for services that you receive from an out-of-plan provider. When the cost of out-of-plan services exceeds UCR amounts, you are responsible for paying the provider any difference. These amounts do not apply to your plan deductibles or out-of-pocket maximums.

Contact us

Headquartered in Portland, our customer service professionals have been proudly serving our members since 1986.


Portland Metro Area: 503-574-7500
All other areas: 1-800-878-4445
TTY: 503-574-8702 or 1-888-244-6642


Have questions about your benefits and want to contact us via e-mail? Go to our Web site at: www.providence.org/php/contactus